REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **F1**
DATE OF MEETING:	**22 May 2025**	
REPORT TITLE:	**Joint Forward Plan – Priority Programme Updates**	
REPORT AUTHOR:	**TMO – Programme Manager**	
EXECUTIVE SPONSOR:	**David McClay, Chief Officer for Strategy, Digital and Integration**	
PRESENTED BY:	**Kate Smith, Associate Director of Strategic Programmes**	

PURPOSE	DESCRIPTION	SELECT (Place an 'X' in relevant box(es) below)
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	
Discuss	To discuss, in depth, a report noting its implications	X
Note	To note, without the need for discussion	X
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	

SELECT (Place an 'X' in relevant box(es) below)	LINKS TO STRATEGIC OBJECTIVES (Please select any which are impacted on / relevant to this paper)
X	Objective 1: Improve the health and wellbeing of the population
X	Objective 2: Reduce inequalities
X	Objective 3: Provide the best care and support to children and adults
X	Objective 4: Strengthen care and support in local communities
X	Objective 5: Respond well to complex needs
X	Objective 6: Enable broader social and economic development
X	Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT
N/A

REPORT TO COMMITTEE / BOARD
This report has been produced to provide board members with a high level overview of the status of each of our five priority programmes. .

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	EIA's will be completed for each stream of work under each programme as required.
Quality	QIA's will be completed for each stream of work under each programme as required
Safeguarding	Safeguarding is not applicable to the development of this slide deck, but will be considered within all project documentation under each programme
Financial/Resource/ Value for Money	Resource requirement are identified within each programmes documentation
Sustainability	Sustainability is not applicable to the development of this slide deck, however, will be considered for each stream of work under each programme as required.
Governance/Legal/ Privacy	Success of these programmes support the Somerset Operational Plan for 2025/26. This priority programmes sits within our Joint Forward Plan, the development of which is a statutory requirement
Confidentiality	N/A
Risk Description	Risks are identified within the slide deck – in addition, this programme of work has a full risk log including risk mitigations..

Joint Forward Plan – Priority Programme updates

ICB Board

22 May 2025

Clinical Pathways – PP1

NHS Somerset

Purpose – to ensure end-to-end pathways and linked pathways offer effective and consistent practice to improve experiences and outcomes for individuals

Recent Activities

- Meeting took place with group of Senior Clinicians on 02/04/25 to start discussions on identifying potential Clinical Pathways that could be reviewed as part of Programme
- Long list of potential Clinical Pathways was developed that has now been shortlisted to the following areas: -
  - Paediatrics – same day urgent care
  - Ophthalmology – referral pathways
  - Gynaecology – womens health hubs
  - Weight Management – all pathways

Next steps

- **Clinical Pathways** - Confirm Clinical Pathways within the areas outlined above to be reviewed
- **High-Level Scoping** – Meet with identified contacts to discuss the need, problem, opportunity and potential benefits for each pathway
- **Governance** – Confirm the required Governance Structure for the Programme

Risks

- Risks will be identified when the Clinical Pathways have been confirmed

Expected benefits

- Optimisation of individual outcomes, including improved experiences of moving through a service
- Actively address health inequalities by seeing a reduction in variation of practice
- Streamlining of treatment plans, reducing unnecessary interventions which will help to support our financial position
- Greater collaboration with key partners

Measures

- For each selected Clinical Pathway, measures will be established to monitor the achievement of expected benefits

Review cycle:

1. Benchmarking and insight gathering
2. Confirm Pathway focus
3. Gather best practice / SMEs
4. Agree future state
5. Implementation phase
6. Review and evaluation

our SOMERSET Together we care

Workforce – PP2

Purpose – to implement necessary changes in the system-wide workforce to ensure we have the right skills, behaviours and values to meet the needs of our population

Objectives
- Design and deliver a long-term workforce strategy for the integrated care system, based on a thorough needs assessment
- Long term modelling: quantification of roles, skills and WTE for 5-10 years – building on 2035 programme

Next steps
- Identify programme resource
- Develop working group with system partners

Expected benefits
If priority programme commenced at pace, expected benefits would include:

- Reduction in reliance on temporary staffing (agency and bank)
- Reduced workforce costs

Risks
- No dedicated programme management resource
- Nationally announced cuts to ICB's and trusts

System Flow – PP3

NHS Somerset

Purpose – to ensure greater flow in our system across acute, community, intermediate care and mental health services so that individuals who do not meet the criteria to reside are discharged from settings without delay

Objectives

- To reduce and maintain number of individuals who do not meet the criteria to reside (NCTR) in an acute hospital bed
- To define the most appropriate metric to measure mental health delayed discharges, and deliver and maintain a reduction
- To review community bedded capacity and distribution

Next steps

- Deliver an expanded pathway 1 service that can support up to 83 new people per week by 1st July 2025
- Conclude the 100-Day Improvement Sprint to reduce hospital process delays by June 2025
- Support tests of change in community beds from July 2025

Expected benefits

- NCTR to reduce to no more than 15% by September 2025
- Reduction in risk of harm associated with unnecessary prolonged length of hospital stay
- Financial savings

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Neighbourhoods– PP4

NHS Somerset

Purpose – to develop innovative approaches to the development of Integrated Neighbourhood Working (INW), supporting the “left shift” of care with a focus on community care rather than care in an acute setting

Programme Focus - Q2/Q3

NHS England » Neighbourhood health guidelines 2025/26

Understand

Assessment conducted of the 6 Components of Neighbourhood Health – Pop Health Management, Modern GP, standardising community health services, NB MDTs, integrated intermediate care and Urgent NB services

Understanding and development of Somerset Plan – the 3 strands (different levels of maturity?);

- NHS integrated planning and delivery
- Connect Somerset – CYP
- Local Community Networks

2025/26 Model – Evidencing and Progress across 5 key areas

- Achievement of acute bed day quantum per neighbourhood
- Proportion of people that die in their place of choice
- Improvement in PCN team retention
- Improvement in personalised care and support planning
- De-prescribing measures

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Neighbourhoods– PP4

NHS Somerset

Programme Focus - Q2/Q3 – cont;

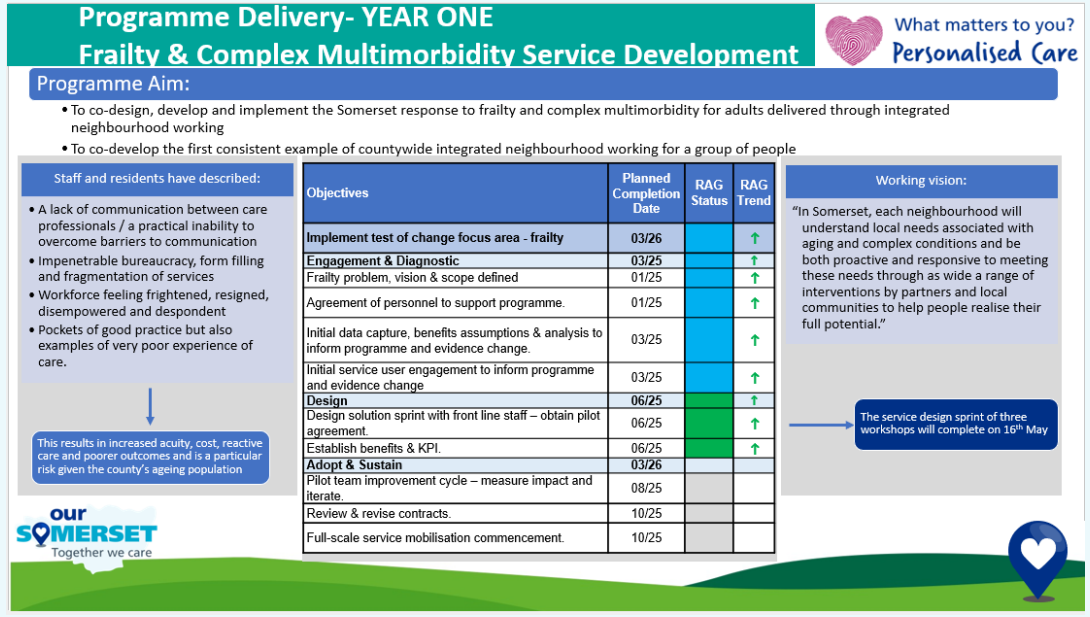
- Leadership/Team Coaching – funding requirement being worked up
- Frailty redesign programme – outputs Jun 25 with neighbourhoods invited to participate
- Virtual ward pilot being worked up

Key Enablers

- Digital – Pop Health tool mid May; Brave AI; GIS
- Estates – strategic assessment underway
- Finance – resource use/spend v's Pop cohorts
- Governance – Yr 1 'light touch'

Next Steps

- By Q3 – PCN defining of leadership team
- May – Test and Learn GIS
- End of June – bed day modelling/finalisation of measures with all partners
- End of July – Development of NB plans for Q3/Q4 25/26



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Population Health – PP5

NHS Somerset

Purpose – to take a population health approach to delivery of services, supporting our prevention programmes whilst seeking to reduce health inequalities

Emerging Objectives

- Expand our prevention programme on hypertension and cardiovascular disease
- Increase smoking cessation rates and inpatient screening
- Reaching out to specific inclusion groups so they can access services more easily and encourage proactive care

Next steps

- Meet with interim SRO to confirm 25/26 scope for PP5
- Work with project leads to define programme metrics
- Begin to populate programme management templates to strengthen structure and reporting for this programme

Expected benefits

If priority programme commenced at pace, expected benefits would include:

- Reduction in health inequalities
- Improved wellbeing, better mental health and less disability
- Targeted services based on population need

our SOMERSET Together we care

Population Health – PP5

NHS Somerset

Programme	Purpose	Activities	Key Metrics
Hypertension	Detect and optimally treat 80% of people with hypertension	Routine screening at community venues, workplaces	• CVD prevent data on patients treated with lipid lowering therapy
Inclusion/Homelessness health	Encourage proactive care and reduce A and E attendance	Support inclusion groups to access and engage with community health services via outreach service	• Service user attendance at outpatient appointments • Service user A and E attendance rates
Smoking cessation	Help 45,000 people to stop smoking by 2030. Achieve 100% of inpatients are offered support to stop smoking.	12-week smoke free treatment service. Brief intervention training for all frontline staff. Education and improved screening tools for inpatient staff.	• 4-week quits across all services • Screening rates for inpatients across all settings • Total smoking cessation number
No priority programme activity for tackling LD inequalities, healthy workforce, NHS population and community health ambassadors or liver case finding			

our SOMERSET Together we care

Risk Summary

- **Resource**: £3m Transformation fund now withdrawn
- ICB re-organisation as competing priority
- Workforce (PP2) and Population Health (PP5) are without a dedicated Programme Manager and so progress will be delayed
- Programme Managers for PP1, PP3 and PP4 are on Fixed Term Contracts, due to end in October 2025
- Reduced budget of c£0.5m to support transformational work going into 2025/26
- **Measurement & data**: sub-optimal service from CSU

Mitigations

- **Change method**: Systems Thinking and Agile has started – reviewing to see if this can be offered more widely
- Look at role realignment within ICB and pooling talent wider than ICB
- Simplify and focus on smaller number of programmes – but with wider scope – ‘inch wide mile deep’ approach
- ‘Internal’ data expertise sourced

REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **F2**
DATE OF MEETING:	**22 May 2025**	
REPORT TITLE:	**Somerset System Flow – Deep Dive**	
REPORT AUTHOR:	**Kate Smith, Associate Director of Strategic Programmes**	
EXECUTIVE SPONSOR:	**David McClay, Chief Officer for Strategy, Digital and Integration**	
PRESENTED BY:	**Kate Smith, Associate Director of Strategic Programmes**	

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PREVIOUS CONSIDERATION / ENGAGEMENT
N/A

REPORT TO COMMITTEE / BOARD
This report has been produced to provide the board with a deep dive view in the flow challenges being faced within the Somerset system, which is being addressed through Priority Programme 3, in line with the Somerset Joint Forward Plan for 2025-2030. It focuses on the 5 projects siting under this programme of work, detailing specific risks and the mitigating actions being put in place. This report is for assurance purposes to the board.

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Somerset System Flow

ICB Board

May 2025

System Priority Programme 3

System Flow

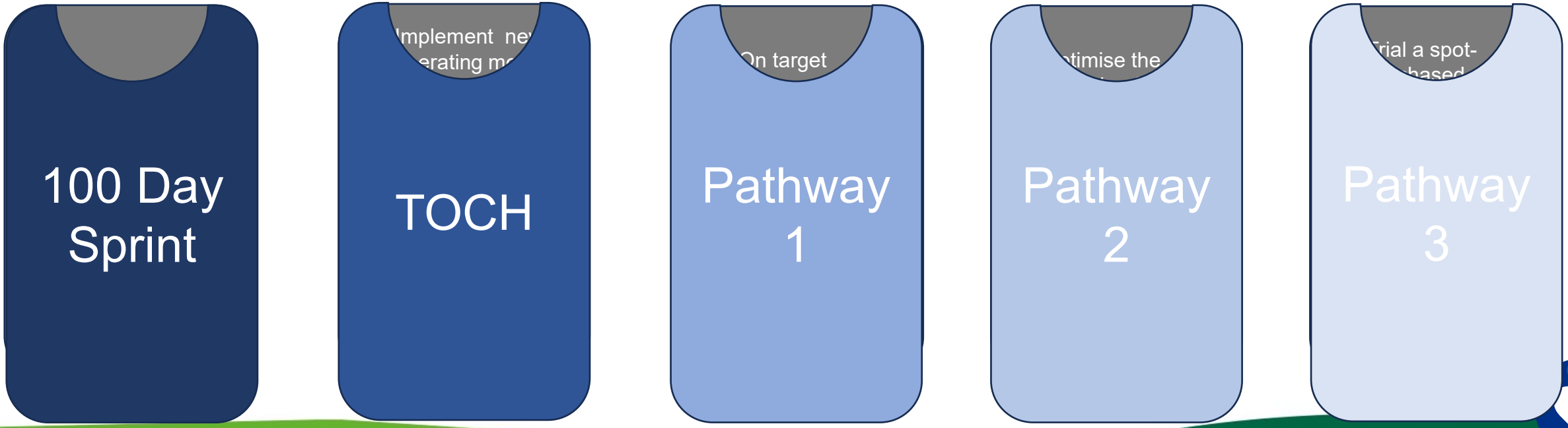
The Somerset ICS and Somerset NHS Foundation Trust (SFT) has a high number of patients in bedded care settings who do not meet the criteria for them to be there. This is across sectors – mental health, acute and Intermediate Care (Community Hospitals and Care Homes). This is resulting in:

- Harm to patients as they are not in an appropriate setting for their needs, which in turn results in deconditioning, increased risk of harm in increased ongoing care needs
- Excess occupancy in bedded care services, causing inefficiency and increased safety risks
- Excess costs for all parts of the health and care system over the short and long term

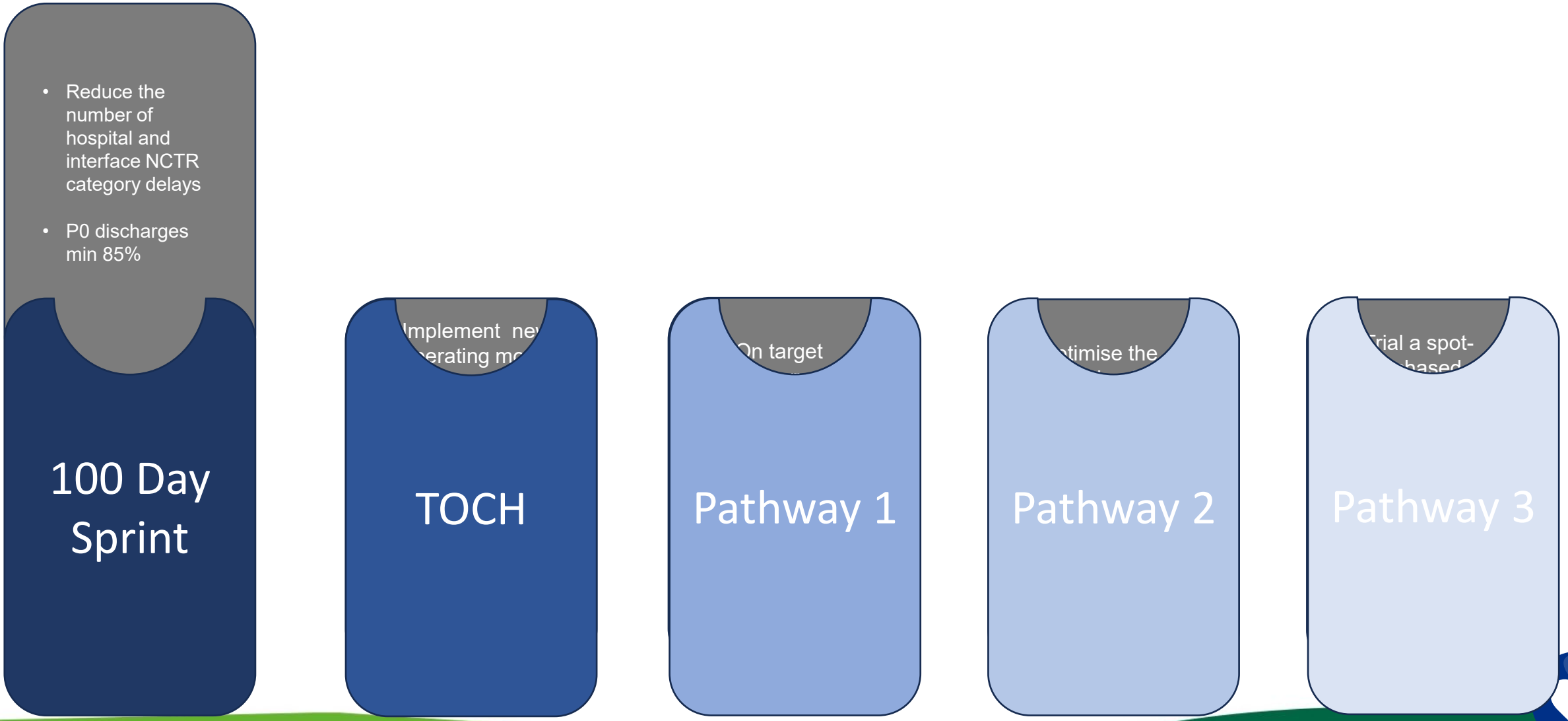
Initial Aim

Reduce and maintain the number of patients who do not meet the criteria to reside in an acute hospital bed at SFT to 15% by September 2025. In simple terms, this means reducing the No Criteria to Reside number at SFT to circa. 90 patients and maintaining it at this level or less.

System Flow Priority Programme – 5 projects



System Flow Priority Programme – 5 projects



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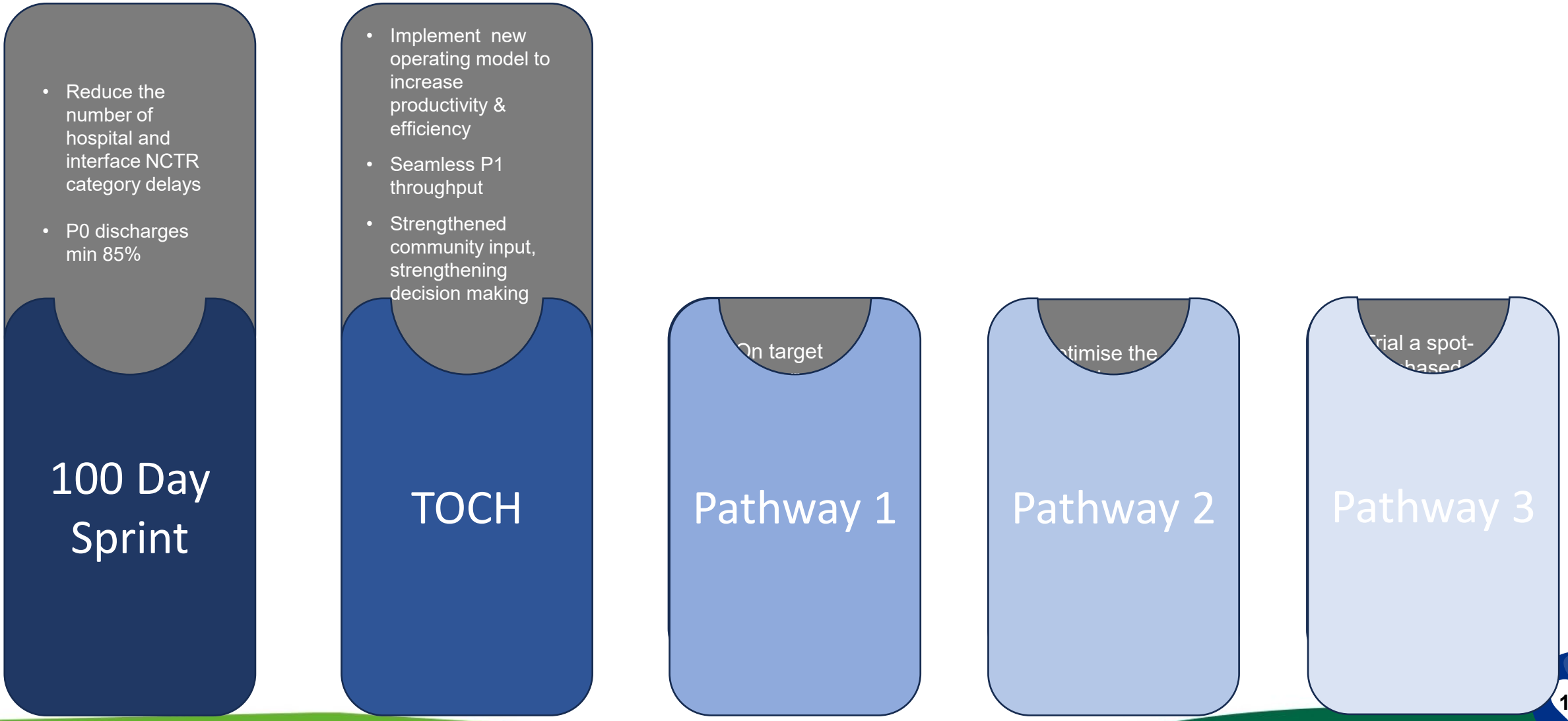
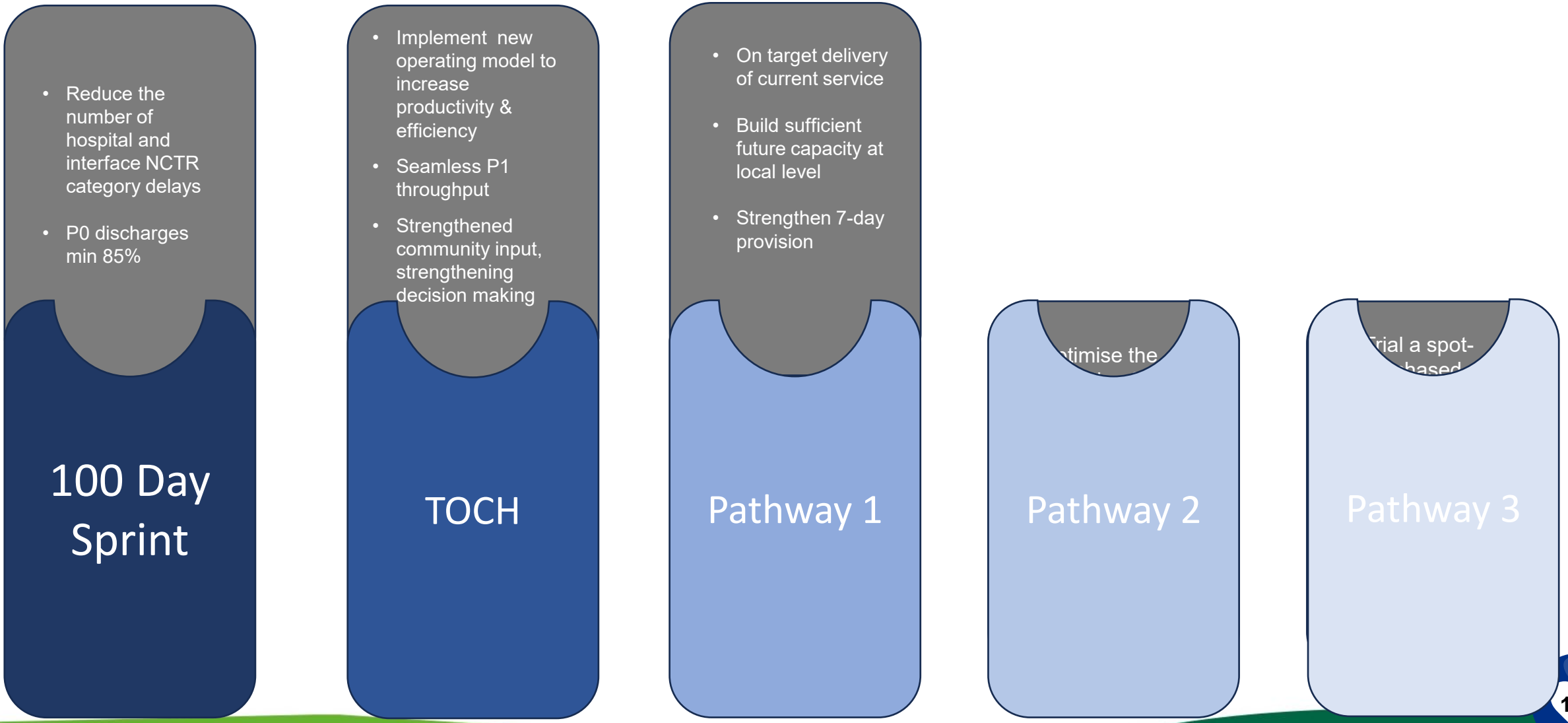


System Flow Priority Programme – 5 projects



System Flow Priority Programme – 5 projects

100 Day Sprint

- Reduce the number of hospital and interface NCTR category delays
- P0 discharges min 85%

TOCH

- Implement new operating model to increase productivity & efficiency
- Seamless P1 throughput
- Strengthened community input, strengthening decision making

Pathway 1

- On target delivery of current service
- Build sufficient future capacity at local level
- Strengthen 7-day provision

Pathway 2

- Optimise the transition from acute to P2 bed
- Reduce LOS & community NCTR
- Establish the distribution and configuration of beds across the county

Pathway 3

Trial a spot-

System Flow Priority Programme – 5 projects

100 Day Sprint

- Reduce the number of hospital and interface NCTR category delays
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- Strengthen 7-day provision

Pathway 2

- Optimise the transition from acute to P2 bed
- Reduce LOS & community NCTR
- Establish the distribution and configuration of beds across the county

Pathway 3

- Trial a spot-purchased operating and commissioning model to prevent multiple moves
- Establish a dedicated P3 pathway

100 Day Discharge Improvement Sprint

This project is looking to reduce the number of in-hospital ward process and interface category delays within No Criteria to Reside, alongside having earlier and personalised discharge conversations and planning.

This project has adopted a 100-day improvement sprint which was launched in February and will continue until 7 June 2025 focussed on three workstreams:

- Board Rounds
- Roles and Responsibilities
- Personalised Conversations – No conversation about me, without me

As part of this work, we will include a focus on the reporting of discharge ready dates. It is anticipated that by improving the data quality and completeness we will have a better understanding of our current baseline position.

On completion of the 100-day sprint in June, it is anticipated that:

- Pathway 0 discharges are anticipated to reach a minimum of 85% across both acute sites – achieved at mid point
- 70% of referrals to the transfer of Care Hub will be completed ahead of discharge ready date – on target
- Hospital process delays will fall <30 - on target (reduction from 126 at start to 65 at midway point)

Transfer of Care Hub

What is different about this model?

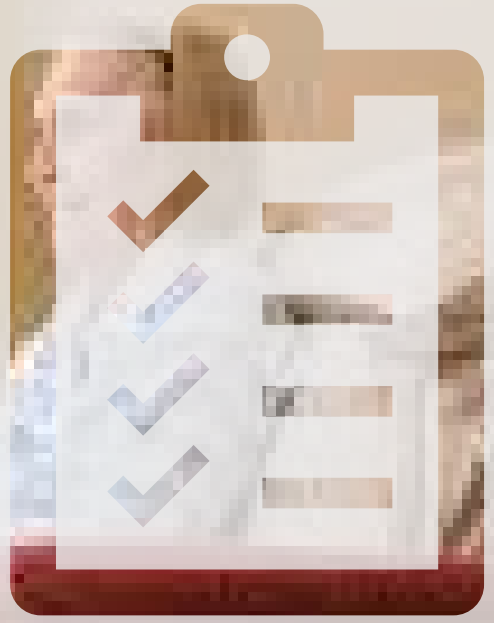
A digitally enabled & 'Anytime' Referral Form – Demographics are auto-populated and the new form is digital and accessible to all. Any professional can add important discharge information to the form, at any point in the person's hospital stay. Early discharge conversation will allow this form to be populated ahead of a patient being clinically ready to be discharged.

Single countywide hub – Available to MPH, YDH, RUH, WGH and intermediate care units (community hospitals and care homes).

Seamless pathway 1 – simplified processes to ensure that people who are going directly home, move through the ToCH quicker, and do not wait longer than necessary to leave hospital. Considering family/friend and VCFSE in the first instance.

Deep Dive Discussions – a change feature designed to act on feedback from colleagues. These discussions will strengthen the voice of the MDT and patients within the decision making. These discussions will take place only where it is not obvious that a person can go home, or where family/patients/MDTs have concerns or need advice

Right sizing Pathway 1



The focus on this workstream is to build **sufficient capacity at a local level**, provide **consistent delivery** of commissioned hours and enable **strengthened weekend provision** to increase weekend discharges to maximise the ability to support people to remain at home as far as possible.

Through this work, the length of stay in the service has reduced to the **target of 17 days** (compared to 20.5 days in March 2024), effectiveness of 7 hours (improved from 5.3 hours in March 2024) and reduced Social care delays by developing a defined Social Care Workforce.

This year we have developed the demand and capacity model further to take into account two key areas for capacity; Understanding the capacity required for double-ups in that Pathway 1 service as well as building in the capacity lost for cancellations. This has enabled us to design a realistic plan for 2025/26 that pulls in the core variables that impact capacity. **P1 capacity is on target to rise to 83 new starts per week from July 2025.**

Distribution & Configuration of Pathway 2 Beds

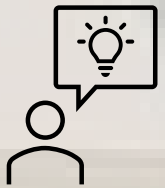
This project currently has three areas of focus:

Optimising the transition from acute to a Pathway 2 bed – with the ambition that people are transferred from acute to pathway 2 **within 48 hours** of ToCH decision

Reducing community No Criteria to Reside – ensuring that people transfer to their long-term place of residence as soon as their inpatient reablement period has ended. **Target of 70 by June 2025**, 60 by September 2025 (101 on 3 April 2025) and **reducing length of stay to 30 days**.

Establishing the **distribution and configuration of beds** across the county – ensuring that the right volume of beds with the right skills is distributed sufficiently across the county of Somerset.

A dedicated Pathway 3 bed base



Action is underway to establish a dedicated Pathway 3 bedded provision. During 2024/25 the Discharge Fund has been used to trial a spot purchasing model for Pathway 3 to prevent multiple moves for the population. Learning from this trial is being reviewed to commission & operationalise a countywide spot-purchased model in 2025/26.

The ambition is to have a dedicated pathway 3 bed base by August 2025. The spot purchased model will allow people who are likely to need long term care move closer to home.

System Flow

High Level System Flow Delivery Plan

NHS Somerset

Programme Project	Action	Start Date	End Date	Measure of Success	Status
100-Day Challenge	Board rounds before 11am on every SFT ward	05/02/2025	06/06/2025	Hospital process NCTR < 20	
	Create, publish & roll out MDT role cards	05/02/2025	06/06/2025		
	Every ward area to implement a personalised care QI project	05/02/2025	06/06/2025		
Transfer of Care Hub	Finalised reporting	26/03/2025	30/04/2025	TOCH NCTR , 17	
	Move to BAU	23/04/2025	30/04/2025		
Pathway 1 Right Sizing	Care provider recruitment and phased new starts	01/04/2025	01/07/2025	83 new starts by July 2025	
	Adult social care workforce recruitment/ deployment and phased new starts	01/04/2025	01/07/2025		
	Keyworker recruitment/ deployment and phased new starts	01/04/2025	01/07/2025		
Pathway 2 Beds	LOS and NCTR improvement plan	01/11/2024	01/06/2025	NCTR < 70 LOS < 30 days	
	2025/26 bed modelling & distribution plan	05/03/2025	30/09/2025		
Pathway 3 Dedicated Beds	Implement a countywide spot-purchased P3 model	01/03/2025	01/08/2025	P3 NCTR duration < 6 days	

MPH	YDH	Community Hospital	Care Homes	IC Service
49	**12**	-	-	-
6	**7**	-	-	-
-	-	-	-	**67**
-	-	**67**	**31**	-
-	-	-	-	-

Data as at 8 May 25

System Flow

No Criteria To Reside by Site

NHS Somerset

MPH

NCTR MPH		Previous 3 weeks 2025			Current week	Change to previous weeks	Avg. of past 4 weeks	Change to avg of past 4 weeks
		17/04	24/04	01/05	08/05			
Actuals	NCTR	143	145	148	139	-9	144	-4.75
	Lost beds	25.3%	23.9%	24.3%	23.1%	-1.1%	24.1%	-1.0%
Plan	NCTR	144	144	128	128	-	-	-
	Lost beds	25.0%	25.0%	22.5%	22.5%	-	-	-
Diff to plan	NCTR	-1	1	20	11	-	-	-
	Lost beds	0.2%	1.1%	1.8%	0.7%	-	-	-

YDH

NCTR YDH		Previous 3 weeks 2025			Current week	Change to previous weeks	Avg. of past 4 weeks	Change to avg of past 4 weeks
		17/04	24/04	01/05	08/05			
Actuals	NCTR	87	71	73	70	-3	75	-5.25
	Lost beds	26.8%	21.6%	23.5%	21.9%	-1.6%	23.5%	-1.5%
Plan	NCTR	77		62	62	-	-	-
	Lost beds	24.4%		21.0%	21.0%	-	-	-
Diff to plan	NCTR	10		11	8	-	-	-
	Lost beds	2.4%		2.5%	0.9%	-	-	-

MPH Plan

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
NCTR plan	144	128	108	88	73	69	69	69	69	69	69	69
Est occupied NCTR beds	25.0%	22.5%	19.0%	16.1%	13.7%	12.7%	12.4%	12.3%	12.3%	12.2%	12.3%	12.4%
Actual NCTR	145											
Actual Lost beds	23.9%											

YDH Plan

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
NCTR plan	77	62	55	48	43	39	39	39	39	39	39	39
Est occupied NCTR beds	24.4%	21.0%	18.8%	16.4%	15.1%	13.5%	13.2%	13.1%	13.1%	13.0%	13.1%	13.1%
Actual NCTR	71											
Actual Lost beds	23.5											

System Flow Risks & Issues

NHS Somerset

Top Programme Risks (that MAY impact current plans/deliverables)										
Risk Ref	**Date Risk Logged**	**Objective**	**Risk Owner**	**Risk Domain**	**Risk Description**	**Risk Impact**	**Mitigation / Action**	**Impact (1-5)**	**Lik. (1-5)**	**RS**
1.1	24/03/25	Right sizing pathway 1 capacity	K Smith	Programme objectives	If recruitment of social care, reablement workers and keyworkers is unsuccessful then the P1 expansion will not be operational by July 25.	July 2025 NCTR trajectories will not be achieved causing delays in the delivery of wider system flow programme, leading to delayed financial benefits.	• Temporary deployment of SFT community therapy resource to bolster Pathway 1 keyworker capacity ahead of 1st July 2025 • Cease P1 social work reviews.	3	3	**9**
1.2	24/03/25	Dedicated Pathway 3 bed base	K Smith	Programme objectives	If the P3 social work resource is not released from other areas, then the P3 countywide model will be delayed beyond August 25.	NCTR & LOS reduction in community beds could be compromised, causing delays in the delivery of wider system flow programme, leading to delayed financial benefits.	• Close programme oversight of Community Hospital work to ensure progress is aligned with P3 transformation delivery timeframes.	3	3	**9**

Top Programme Issues (that ARE impacting current plans/deliverables)					
Issue Ref	**Objective**	**Issue Owner**	**Issue Description**	**Issue Impact**	**Mitigation / Action**
1.1	Reducing hospital process delays	K Smith	High number of hospital process delays that fluctuate upwards during holiday periods	Failure to consistently achieve NCTR reduction will increase hospital length of stay and programme objectives will not be achieved.	• 100 Day improvement sprint continues. Need to establish new SRO. Need stronger therapy and hospital discharge team holiday resilience plans.
1.3	Pathway 2 improvements	K Smith	Community bed NCTR >100	Causing an increased LOS in community beds and higher numbers of people waiting in acute settings.	• Re-scoping and strengthening NCTR improvement action plan with senior multi-partner input.

REPORT OF THE SOMERSET COLLABORATION FORUM MEETING HELD ON 25 APRIL 2025

1 ITEMS DISCUSSED

1.1
- Somerset Clinical Care Professional Leadership Annual Report
- 2025/25 Operational Planning update
- Volunteering for health
- Priority Programme 1 – Clinical Pathway Redesign
- Priority Programmes 2024/25 – Exception Reports and success metrics
- Shepton Mallet Neighbourhood hub

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1 The Group agreed that the timing of the proposed operating cost reductions within the ICB and NHS providers posed a material risk to the delivery of the 2025/26 Operating Plan. The importance of maintaining concurrent activity on 25/26 deliverables alongside future organisational change was discussed. It was agreed that the Executive Director Resources, Strategy & Transformation from Somerset Council convenes Operational Planning leads from across the system to explore how this risk can be mitigated through collective grip and focus on delivery.

3 DECISIONS TAKEN BY THE SYSTEM GROUP UNDER DELEGATED AUTHORITY

3.1 None.

4 ITEMS REQUIRING ESCALATION TO THE ICB AND/OR OTHER SYSTEM BOARDS

4.1 The ICB is asked to note the risk and mitigating action set out.

Reports for Information for Future Board Agendas

4.2 Further topics for future meetings of the Collaboration Forum include:

- Considering the approach to developing Integrated Neighbourhood team working in Somerset
- System productivity and efficiency
- SW Peninsula Research and Innovation Programme
- Planned Care Strategy
- Oversight of the development of the Integrated Health & Care Strategy Outcome metrics
- Overview of Better Care Fund
- My Life, My Future summary update

- Better Care Fund Audit
- Shepton Mallet neighbourhood integration

5 CHAIR'S SUMMARY

5.1 The Collaboration Forum took reports and updates from different partners about recent progress and areas of current challenge/opportunity.

5.2 The group reviewed the Clinical Care Professional Leadership Annual report, considering the newly designed Principles Charter. The report provided an overview of the extensive work carried out by our clinical teams, highlighting the interconnected nature of our various workstreams, underscoring the importance of collaborative efforts and the necessity of fostering strong relationships with system colleagues.

5.3 The group also considered the current position in terms of the 2025/26 operating plan recognising the challenges that will face the system to deliver the national finance and performance expectations, whilst going through fundamental changes to the system in the coming year.

5.4 The group considered and discussed future reporting against our Priority Programmes under the Joint Forward Plan for 2025/26, in particular the need to ensure all priorities are reporting on their financial savings and have clear success metrics supported by robust data.

5.5 The group were also provided with an update on the work taking place around the Shepton Mallet Neighbourhood hub, particular discussions were held around the challenges facing this work namely in reference to estate costs. The working group supporting this programme of work will continue to provide regular updates into the forum.

5.6 In addition, the group were updated on 'Volunteering for Health' for which SPARK have received funding to pilot several schemes to promote volunteering with a desire to grow and retain the Somerset pool of volunteers supporting numerous services throughout the county. The forum will receive regular updates on the output of this work.

Chair: David McClay

Date: 25 April 2025

REPORT OF THE POPULATION HEALTH TRANSFORMATION BOARD MEETING HELD ON 28 MARCH 2025

1 ITEMS DISCUSSED

1.1
- Annual report – Health Inequalities
- Priority programme updates – hypertension
- Programme workstream updates

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1 None

3 DECISIONS TAKEN BY THE POPULATION HEALTH TRANSFORMATION BOARD UNDER DELEGATED AUTHORITY

3.1 N/A

4 ITEMS REQUIRING ESCALATION TO THE ICB AND/OR OTHER SYSTEM BOARDS

4.1 **Items for Consideration/Decision**

None

4.2 **Reports for Information for Future Board Agendas**

None

5 CHAIR'S SUMMARY

5.1 The next steps in recruiting appropriate population health and health inequalities expertise in the system are under consideration.

An update for the Health Inequalities Annual Report was provided to the Board. The report has been developed in collaboration with system partners, around 20 metrics will be included and there will be mapping work undertaken to integrate these into programme narratives. Key priorities include elective recovery, homeless health, smoking cessation, hypertension, cancer diagnosis, diabetes, oral health, maternity and neonatal care, and vaccinations. Programme-specific updates will draw on dashboards and data analysis, highlighting disparities between the most and least deprived populations. Some areas, like cancer, face data lags, while others, such as oral health, have limited metrics. Feedback is being sought to ensure the report reflects 2024–2025 work and helps shape 2025–2026 priorities.

The Public Health team gave a comprehensive overview of the progress being made within the Hypertension Programme, which is one of the system priority areas. Over 3,000 community BP checks were completed, with plans to increase to 4,000 annually. Campaigns have resulted in improved engagement, especially among men and deprived groups, though women still lead in recent readings. From March 2024 to February 2025, over 4,000 new diagnoses were made, with 8,000 more identified via the CVD dashboard. Optimisation rates dropped to 66% due to the focus on case finding. Follow-up efforts show good engagement. Goals for 2025–26 include maintaining case finding volumes, improving optimisation, and expanding engagement.

The Board heard that some good progress has been made with the data sharing agreement for the digital programme.

There have been some initial discussions regarding the amalgamation of the Population Health Transformation Board and the Major Conditions Group. There is some complexity around one being a strategy group and one being a delivery group but essentially one cannot exist without the other. The proposal is for the workstreams covered under the umbrella of Major Conditions to report into the Population Health Transformation Board, this work would also inform and feed into the new Neighbourhood Programme Group and the Somerset System Mortality Group.

Chair: Bernie Marden

Date: 13 May 2025

REPORT OF THE ICS PEOPLE BOARD MEETING HELD ON 9 APRIL 2025

1 ITEMS DISCUSSED

1.1
- Revised Terms of Reference (1)
- People Board revised portfolio of work (2)
- Workforce 2035 (3)
- Next steps in ED&I (4)
- People Risks (5)
- Somerset Health and Care Academy update
- Somerset Keyworker Housing Hub (6)

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1 None

3 DECISIONS TAKEN BY THE COMMITTEE/SYSTEM GROUP UNDER DELEGATED AUTHORITY

3.1 None

4 ITEMS REQUIRING ESCALATION TO THE ICB AND/OR OTHER SYSTEM BOARDS

Items for Consideration/Decision

4.1 None

Reports for Information for Future Board Agendas

4.2 None

5 CHAIR'S SUMMARY

5.1

(1) Revised ToR, including purposes, membership and authority, were agreed for the ICS People Board for Health and Care.

(2) In line with the refreshed purpose of the People Board, we agreed six strategic workforce priorities and considered a developing 'map' of current work activity, gaps and opportunities.

(3) Following the widespread consultation and subsequent work on this vision the People Board agreed next strategic steps, aligned to the neighbourhood development programme.

(4) People Board reconfirmed its appetite for driving this agenda forward, recognising that resourcing this work is presently challenging.

(5) The Board recognises the significant strategic people risks in Somerset and their complexity, and considered how active intervention might mitigate these, noting in particular the role of the System where resolution is not fully within the remit of individual organisations.

(6) People Board welcomed hearing about the excellent system work, coordinated by Citizens Advice Somerset, to advise and guide keyworkers on access to affordable and suitable accommodation.

Chair: Christopher Foster

Date: 13 May 2025